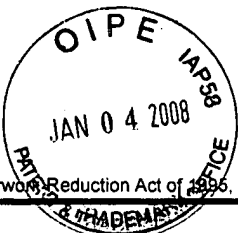


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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND**

CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/589,917
Filing Date	August 18, 2006
First Named Inventor	Yorio TAKAHASHI
Art Unit	2627
Examiner Name	
Attorney Docket Number	28951.5499

I hereby revoke all previous powers of attorney given in the above-identified application:

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 52989

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
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<input type="checkbox"/> Firm or Individual Name					
Address					
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Country					
Telephone		Email			

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Yorio Takahashi</i>		
Name	Yorio TAKAHASHI		
Date	<i>Nov. 16, 2007</i>	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

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